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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002883

1. Corporation Name

YOUTH ENTERPRISES, INC.

Principal Place of Business

416 DONALD ST.
LAKELAND FL 33813
US

Mailing Address

P.O. BOX 7047
LAKELAND FL 33807
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/01/1994

22

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4. FEI Number
95-6099028

Applied For
Not Applicable

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5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

24

29

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARLENE F. PALMER
416 DONALD ST
LAKELAND FL 33813

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P** **GORDON, JAMES J**

1.2 NAME

STREET ADDRESS **622 DOUGLAS ST.**

1.3 STREET ADDRESS

CITY-ST-ZIP **CHULA VISTA CA 91910**

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **V** **SOERENSON, DALE**

2.2 NAME

STREET ADDRESS **791 B WOODLAWN AVE.**

2.3 STREET ADDRESS

CITY-ST-ZIP **CHULA VISTA CA 91910**

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **ST** **GORDON, DIANE L**

3.2 NAME

STREET ADDRESS **622 DOUGLAS ST.**

3.3 STREET ADDRESS

CITY-ST-ZIP **CHULA VISTA CA 91910**

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **DC** **GUERENA, PHIL REV**

4.2 NAME

STREET ADDRESS **9550 E. OAK ST.**

4.3 STREET ADDRESS

CITY-ST-ZIP **BELLFLOWER CA 90706**

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **CD** **WOODEN, ROY**

5.2 NAME

STREET ADDRESS **9550 E. OAK ST.**

5.3 STREET ADDRESS

CITY-ST-ZIP **BELLFLOWER CA 90706**

5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **VPD** **DARLENE F. PALMER**

6.2 NAME

STREET ADDRESS **416 DONALD ST**

6.3 STREET ADDRESS

CITY-ST-ZIP **LAKELAND FL**

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darlene F. Palmer **DARLENE PALMER** 3/15/99 941-648-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)